MANORCARE HEALTH SERVICES

265 S NATIONAL AVE

FOND DU LAC	54935	Phone: (920) 922-7342		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Conj	unction with D	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	106	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	108	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31,	/04:	100	Average Daily Census:	94

	Age, Gender, and Primary Di	Length of Stay (12/31/04)					
No	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year	48.0	
No	Developmental Disabilities	4.0	Under 65	14.0	More Than 4 Years	20.0	
- 1	, 3 , 1 ,		65 - 74   75 - 84			100.0	
Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	35.0	*********	******	
Yes	Para-, Quadra-, Hemiplegic	3.0	95 & Over	8.0	Full-Time Equivalent		
Congregate Meals No Home Delivered Meals No					Nursing Staff per 100 Residents		
- 1					(12/31/04)		
- 1							
No	Cerebrovascular	3.0			RNs	9.0	
No	Diabetes	3.0	Gender	8	LPNs	8.2	
No	Respiratory	3.0			Nursing Assistants,		
ĺ	Other Medical Conditions	26.0	Male	38.0	Aides, & Orderlies	35.4	
No			Female	62.0			
		100.0					
No				100.0			
	No No Yes Yes Yes No	No   Primary Diagnosis No   No   Developmental Disabilities No   Mental Illness (Org./Psy) Yes   Mental Illness (Other) Yes   Alcohol & Other Drug Abuse Yes   Para-, Quadra-, Hemiplegic No   Cancer No   Fractures No   Cardiovascular No   Cerebrovascular No   Diabetes No   Respiratory   Other Medical Conditions	No	No	No	No	

## Method of Reimbursement

		Medicare			edicaid		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of	
Int. Skilled Care	0	0.0	0	4	7.4	127	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	4.0	
Skilled Care	14	100.0	351	50	92.6	110	3	100.0	110	15	100.0	143	10	90.9	110	3	100.0	415	95	95.0	
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	1	9.1	93	0	0.0	0	1	1.0	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	14	100.0		54	100.0		3	100.0		15	100.0		11	100.0		3	100.0		100	100.0	

\* Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04 \_\_\_\_\_\_ Deaths During Reporting Period % Needing Total Percent Admissions from: Activities of % Assistance of % Totally Number of 8.1 Daily Living (ADL) Independent One Or Two Staff Private Home/No Home Health Dependent Residents Private Home/With Home Health 5.9 Bathing 73.0 27.0 100 0.0 Other Nursing Homes 5.9 Dressing 3.0 74.0 23.0 100 11.0 Acute Care Hospitals 76.0 13.0 100 75.0 | Transferring Psych. Hosp.-MR/DD Facilities 2.9 | Toilet Use 6.0 68.0 26.0 100 Rehabilitation Hospitals 0.0 Eating 25.0 61.0 14.0 100 Other Locations 136 Total Number of Admissions 용 Continence Special Treatments Percent Discharges To: Indwelling Or External Catheter Receiving Respiratory Care 4.0 5.0 Private Home/No Home Health Occ/Freq. Incontinent of Bladder 60.0 Receiving Tracheostomy Care 20.3 0.0 Private Home/With Home Health 10.9 Occ/Freq. Incontinent of Bowel Receiving Suctioning 42.0 0.0 Other Nursing Homes 3.9 Receiving Ostomy Care 1.0 Receiving Tube Feeding Acute Care Hospitals 22.7 Mobility 2.0 Psych. Hosp.-MR/DD Facilities 1.6 | Physically Restrained 4.0 Receiving Mechanically Altered Diets 29.0 Rehabilitation Hospitals 0.0 Other Locations 6.3 l Skin Care Other Resident Characteristics Deaths 34.4 | With Pressure Sores 8.0 Have Advance Directives 73.0 Total Number of Discharges With Rashes Medications 1.0 (Including Deaths) 128 Receiving Psychoactive Drugs 66.0

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	Pro	prietary	100	-199	Ski	lled	Al	1		
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio		
	0.7.0			0.5.0							
Occupancy Rate: Average Daily Census/Licensed Beds	87.0	84.2	1.03	86.9	1.00	87.7	0.99	88.8	0.98		
Current Residents from In-County	87.0	76.9	1.13	80.4	1.08	70.1	1.24	77.4	1.12		
Admissions from In-County, Still Residing	29.4	19.0	1.54	23.2	1.27	21.3	1.38	19.4	1.52		
Admissions/Average Daily Census	144.7	161.6	0.90	122.8	1.18	116.7	1.24	146.5	0.99		
Discharges/Average Daily Census	136.2	161.5	0.84	125.2	1.09	117.9	1.16	148.0	0.92		
Discharges To Private Residence/Average Daily Census	42.6	70.9	0.60	54.7	0.78	49.0	0.87	66.9	0.64		
Residents Receiving Skilled Care	99.0	95.5	1.04	96.9	1.02	93.5	1.06	89.9	1.10		
Residents Aged 65 and Older	86.0	93.5	0.92	92.2	0.93	92.7	0.93	87.9	0.98		
Title 19 (Medicaid) Funded Residents	54.0	65.3	0.83	67.9	0.80	68.9	0.78	66.1	0.82		
Private Pay Funded Residents	15.0	18.2	0.83	18.8	0.80	19.5	0.77	20.6	0.73		
Developmentally Disabled Residents	4.0	0.5	7.98	0.6	6.38	0.5	8.11	6.0	0.66		
Mentally Ill Residents	54.0	28.5	1.90	37.7	1.43	36.0	1.50	33.6	1.61		
General Medical Service Residents	26.0	28.9	0.90	25.4	1.02	25.3	1.03	21.1	1.23		
Impaired ADL (Mean)	56.0	48.8	1.15	49.7	1.13	48.1	1.16	49.4	1.13		
Psychological Problems	66.0	59.8	1.10	62.2	1.06	61.7	1.07	57.7	1.14		
Nursing Care Required (Mean)	5.8	6.5	0.89	7.5	0.77	7.2	0.80	7.4	0.77		